

CLAIM REQUEST FORM

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, 2nd FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 http://www.waste.ky.gov	FOR STATE USE ONLY:
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GENERAL INFORMATION

AGENCY INTEREST #:	APPLICATION #:
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TYPE OF CLAIM REQUEST

(Check one (1) only)

<input type="checkbox"/> Environmental Response	<input type="checkbox"/> Initial Abatement/Free Product Recovery	<input type="checkbox"/> Sampling, Operation and Maintenance
<input type="checkbox"/> Miscellaneous Tasks	<input type="checkbox"/> Facility Restoration	<input type="checkbox"/> Other: as directed by cabinet

APPLICANT INFORMATION

FACILITY INFORMATION

FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:	FACILITY TELEPHONE NUMBER:	
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:	

ENVIRONMENTAL RESPONSE ONLY

CHECKLIST FOR ALL OTHER CLAIM REQUESTS

ERT / INCIDENT #:	<input type="checkbox"/> Provide copies of the new contract and the revocation of the old contract as required by 401 KAR 42:250, if applicable.
Start Date of Emergency: ____/____/____	<input type="checkbox"/> Report(s) have been submitted to the cabinet.
End Date of Emergency: ____/____/____	<input type="checkbox"/> Provide required Worksheet/Claim Form as required by 401 KAR 42:250.
ENVIRONMENTAL RESPONSE CHECKLIST:	<input type="checkbox"/> Original invoices for costs for which payment is sought, as required by 401 KAR 42:250.

☐ Provide required Worksheet/Claim Form as required by 401 KAR 42:250.

☐ Original invoices for costs for which payment is sought, as required by 401 KAR 42:250.

☐ Provide documentation outlining the specific cabinet directive and dates.

☐ Provide documentation that the owner or operator has complied with the Environmental Response Team (ERT).

☐ Report(s) have been submitted to the cabinet.

AMOUNT REQUESTED FOR THIS CLAIM REQUEST FORM

AMOUNT: \$

(Total shall match total of all invoices on the Invoice Listing Form DEP6065/01/05)

FACILITY OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or Agent of the applicant AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I CERTIFY THAT ALL COSTS ARE NECESSARY AND WERE ACTUALLY INCURRED IN THE PERFORMANCE OF CORRECTIVE ACTION. I FURTHER CERTIFY THAT, IF NOT THE OWNER OR OPERATOR, I AM AUTHORIZED BY THE OWNER OR OPERATOR AS AN AGENT TO MAKE THIS CERTIFICATION, OR I AM THE PERSON CERTIFIED UNDER 401 KAR CHAPTER 42 AND MY CERTIFICATION IS IN GOOD STANDING.

SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:		
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:		
CERTIFIED CONTRACTOR'S SIGNATURE:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 5px;">UST BRANCH'S PST CERTIFIED CONTRACTOR #:</td> <td style="width: 40%; border: 1px solid black; padding: 5px;">DATE:</td> </tr> </table>	UST BRANCH'S PST CERTIFIED CONTRACTOR #:	DATE:
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CERTIFIED COMPANY AUTHORIZED REPRESENTATIVE'S SIGNATURE:	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: 1px solid black; padding: 5px;">UST BRANCH'S PST CERTIFIED COMPANY #:</td> <td style="width: 40%; border: 1px solid black; padding: 5px;">DATE:</td> </tr> </table>	UST BRANCH'S PST CERTIFIED COMPANY #:	DATE:
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FOR STAFF USE ONLY:

FILE/CORRE #: _____	ACCOUNT: FRA / PSTA	VENDOR ID #: _____	CLAIM REQUEST #: _____
	<u>AMOUNTS</u>	<u>SIGNATURES</u>	<u>DATES</u>
AMOUNT OF ENTRY LEVEL: AMOUNT MET: YES / NO	\$ _____	_____	____/____/____
		STAFF	
TOTAL AMOUNT OBLIGATED:	\$ _____		
TOTAL AMOUNT PAID	\$ _____	_____	____/____/____
		BRANCH MANAGER	
TOTAL ADJUSTMENT:	\$ _____		
AMOUNT RECOMMENDED TO BE PAID:	\$ _____	_____	____/____/____
		CABINET APPROVAL	

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at (502) 564-5981 or visit our website at <http://www.waste.ky.gov>.

RETAIN A COPY OF THIS FORM FOR YOUR RECORDS